

SOUTH CAROLINA DEPARTMENT OF INSURANCE

Post Office Box 100105, Columbia, South Carolina 29202-3105

www.state.sc.us/doi

APPLICATION FOR INDIVIDUAL INSURANCE AGENT'S LICENSE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

1. Each applicant must return this completed form to the sponsoring insurer for submission to the Department of Insurance.
2. This form must be neatly printed in black ink, must be signed by the applicant and properly notarized.
3. Each non-resident applicant must attach a certification by his or her home state's insurance department.

SECTION 1

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
SOCIAL SECURITY NUMBER		DATE OF BIRTH		HOME TELEPHONE NUMBER (INCLUDE AREA CODE)	
				()	
STREET (00 NOT USE P.O. BOX)		RESIDENCE ADDRESS CITY		STATE ZIP CODE	
MAILING ADDRESS IF DIFFERENT FROM THE ABOVE ADDRESS CITY				STATE ZIP CODE	

SECTION 2

REGULATORY INFORMATION

ANSWER ALL QUESTIONS IN DETAIL. USE THE REVERSE SIDE IF NECESSARY.

1. ARE YOU NOW, OR HAVE YOU EVER BEEN, LICENSED AS AN INSURANCE AGENT, BROKER, ADJUSTER, OR APPRAISER IN ANY STATE? YES _____ NO _____
IF YES, INDICATE THE STATE(S) AND TYPE(S) OF LICENSE(S).
YOU MUST ATTACH TO THIS APPLICATION, A LETTER OF CERTIFICATION IF YOU ARE APPLYING FOR A NON-RESIDENT LICENSE OR A LETTER OF CLEARANCE IF YOU ARE APPLYING FOR A RESIDENT LICENSE.
2. HAVE YOU EVER BEEN FINED OR BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION, INCLUDING SUSPENSION, CANCELLATION, OR REVOCATION, BY ANY INSURANCE DEPARTMENT, GOVERNMENTAL REGULATORY ENTITY, OR OTHER LICENSING AUTHORITY? YES _____ NO _____
IF YES, YOU MUST ATTACH TO THIS APPLICATION:
A. A WRITTEN STATEMENT IDENTIFYING THE TYPE OF LICENSE AND EXPLAINING THE CIRCUMSTANCES OF EACH INCIDENT, AND
B. A COPY OF THE OFFICIAL DOCUMENT WHICH DEMONSTRATES THE RESOLUTION OF THE CHARGES OR ANY FINAL JUDGMENT.
3. HAVE YOU EVER BEEN CHARGED BY AN INSURER WITH MISAPPROPRIATION, CONVERSION, OR THE WITHHOLDING OF MONIES? YES _____ NO _____
IF YES, YOU MUST ATTACH TO THIS APPLICATION:
A. A WRITTEN STATEMENT IDENTIFYING THE TYPE OF LICENSE AND EXPLAINING THE CIRCUMSTANCES OF EACH INCIDENT, AND
B. A COPY OF THE OFFICIAL DOCUMENT WHICH DEMONSTRATES THE RESOLUTION OF THE CHARGES OR ANY FINAL JUDGMENT.
4. HAVE YOU EVER BEEN CONVICTED, PLED GUILTY, OR PLED NO CONTEST IN ANY CRIMINAL PROCEEDING? YES _____ NO _____
IF YES, YOU MUST ATTACH TO THIS APPLICATION:
A. A WRITTEN STATEMENT EXPLAINING THE CIRCUMSTANCES OF EACH INCIDENT,
B. A COPY OF THE CHARGING DOCUMENT, AND
C. A COPY OF THE OFFICIAL DOCUMENT WHICH DEMONSTRATES THE RESOLUTION OF THE CHARGES OR ANY FINAL JUDGMENT.
5. ARE YOU A U. S. CITIZEN? YES _____ NO _____
IF NO YOU MUST ATTACH TO THIS APPLICATION A COPY OF DOCUMENTATION INDICATING STATUS AS A PROPERLY REGISTERED ALIEN RESIDING IN THE UNITED STATES
6. WILL INSURANCE SALES AND SERVICE BE YOUR FULL TIME JOB? YES _____ NO _____
IF NO, EXPLAIN _____

SECTION 3

APPLICANT'S CERTIFICATION

READ THE FOLLOWING STATEMENTS CAREFULLY AND MAKE SURE YOU UNDERSTAND EACH BEFORE SIGNING THIS APPLICATION:

1. I UNDERSTAND THAT I AM RESPONSIBLE FOR NOTIFYING THE SOUTH CAROLINA DEPARTMENT OF INSURANCE IN WRITING WITHIN 30 DAYS OF ANY ADDRESS CHANGE. SEE S.C. CODE ANN. §38-43-107 (1989).
 2. I UNDERSTAND THE CONTINUING EDUCATION REQUIREMENTS FOR THE STATE OF SOUTH CAROLINA AND THAT MY FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN CANCELLATION OF MY AGENT'S LICENSE. SEE S.C. CODE ANN. §38-43-106 (SUPP.1998) AND REG. 69-50 (SUPP.1998).
 3. I UNDERSTAND THAT MISREPRESENTATION OF ANY FACT REQUIRED TO BE DISCLOSED IN THIS APPLICATION IS A VIOLATION OF THE INSURANCE CODE. SEE S.C. CODE ANN. §38-7-140 (SUPP.1998).
- I DO SOLEMNLY SWEAR THAT ALL INFORMATION AND ANSWERS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE.

SIGNATURE OF APPLICANT

SWORN BEFORE ME THIS _____ DAY OF _____ (year)

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

THIS FORM SHOULD BE REPRODUCED